PEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
REALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	
STATE PLAN MATERIAL	0 4 — 0 0 5 NII
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	7/1/04
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN 🔯 AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$(1.025 million) b. FFY 2005 \$(4.625 million)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 3.1-A, page 5a(1)	7/3 0
Attachment 3.1-B, page 4c	grew Hampshie (04-005) approped; 04/22/04
10. SUBJECT OF AMENDMENT:	effectue; 07/0/104
Pharmacy Services - PDL - Supplemental	Rebates
11. GOVERNOR'S REVIEW (Check One):	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Comments, if any, will follow
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
John A Stephen	Maralyn Doyle
13. TYPED NAME:	Office of Program SUpport DHHS Brown Building
John A/ Stephen 14. TITLE:	DHHS Brown Building 129 Pleasant St.
	Concord, NH 03301
Commissioner 15. DATE SUBMITTED:	0000004, 121 00001
rebruar_ 9, 2004	
17. DATE RECEIVED:	18. DATE APPROVED:
February 11 2004	April 22 2004
19. EFFECTIVE DATE OF APPROVED MATERIAL:	ONE COPY ATTACHED 20-BIGRATURE OF REGIONAL OFFICIAL:
	() () () () () () () () () ()
July 1, 2004 21. TYPED NAME:	22 TITLE)
Bruce D. Greenstein	22 TITLE Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX - NH Attachment 3.1-A Page 5a(1)

12a. Prescribed Drugs (continued)

Preferred Drug Lists and Supplemental Rebate Agreements:

In accordance with Section 1927 of the Social Security Act, the state is establishing a preferred drug list.

Certain covered products, in accordance with Section 1927 of the Social Security Act, may not be among the baseline preferred drugs identified by the Pharmacy and Therapeutics Advisory Committee (PTAC) for various therapeutic classes. All Medicaid covered products remain available through the Medicaid program, but may require prior authorization. The state, or the state in consultation with a contractor, may negotiate supplemental rebate agreements that would reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect.

The prior authorization program provides a response by telephone or other telecommunication device within 24 hours of a request. In an emergency situation, the prior authorization program provides for the dispensing of at least a 72-hour supply of a covered drug.

The state is in compliance with Section 1927 of the Social Security Act. Based on the requirements for Section 1927 of the Act, the state has the following policies for the supplemental drug rebate program for the Medicaid population:

- Supplemental rebate agreements between the state and a pharmaceutical manufacturer will be separate from federal rebates and are in excess of those required under the national drug rebate agreement.
- The supplemental rebate agreements will apply to the Medicaid program.
- CMS has authorized the state of New Hampshire to enter into the Michigan multi-state pooling
 agreement. The Amendment to the Supplemental Drug Rebate Agreement was submitted to CMS on
 April 9, 2004, and has been authorized by CMS.
- Supplemental rebates received by the state in excess of those required under the national drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the national rebate agreement.
- All drugs covered by the program, irrespective of any prior authorization requirement, will comply
 with provisions of the national drug rebate agreement.
- Manufacturers with supplemental rebate agreements are allowed to audit utilization data.
- The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927(b)(3)(D) of the Social Security Act.

TN No: <u>04-005</u>

Supersedes Approval Date 04/22/2004 Effective Date: 07/01/04

TN No: xxxxx

Title XIX – NH Attachment 3.1-B Page 4c

12a. Prescribed Drugs (continued)

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